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-				ETERMINATIC		Anı	olication or I			
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)					SMALL E	OR	OTHER THAN OR SMALL ENTITY			
FOR		NUMBE	R FILED	NUMBER :	EXTRA	RATE	FEE		RATE	FEE
	IC FEE FR 1.16(a))						\$ <u>355</u>	OR		\$
TOTA	L CLAIMS		minus 20 = *			x \$=		OR	x \$=	
	PENDENT CLA	IMS	minus 3 = *			x=		OR	x=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))						+=		OR	+=	
* If the difference in column 1 is less then zero, enter "0" in column 2						TOTAL	355	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)	SMALL E	NTITY	OR	OTHER TI SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x=		OR OR	x=	
	FIRST PRES	SENTATION OF M	ULTIPLE DE	PENDENT CLAIM	(37 CFR 1.16(d))	+=		OR	+=	
	(Column 1) (Column 2) (Column 3)				TOTAL ADDIT. FEE		OR	TOTAL DDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=	1	OR	x \$=	
	Independent	*	Minus	***	=	x		OR OR	x=	<u></u>
	FIRST PRESENTATION OF MULTIPLE DEPEN			EPENDENT CLAIM	(37 CFR 1.16(d))			OR	+=	
(Column 1) (Column 2) (Column 2)				(Column 3)	TOTAL ADDIT. FEE		OR _/	TOTAL ADDIT, FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$=		OR OR	x \$=	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x=		OR	x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM G7 CFR 1.16(d))						-	OR	+=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".								OR	TOTAL ADDIT. FEE	

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Fine will vary depending upon the needs of the individual case.

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 CLAIMS AS FILED - PART I **SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE **FEE FOR** BASIC FEE OR BASIC FEE NUMBER FILED **NUMBER EXTRA** 355.00 $\cdot 710.00$ TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 =X40= X80 =OR MULTIPLE DEPENDENT CLAIM PRESENT +135= +270= OR * If the difference in column 1 is less than zero, enter "0" in column 2 OR TOTAL TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL AMENDMENT **AFTER** RATE **PREVIOUSLY EXTRA AMENDMENT** PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent Minus *** X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR BEST AVAILABLE COPY TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-8 REMAINING NUMBER **PRESENT RATE** TIONAL RATE **TIONAL AMENDMENT AFTER PREVIOUSLY EXTRA** AMENDMENT PAID FOR FÉE FEE Total Minus X\$ 9= X\$18=OR Independent Minus X40 =X80= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT AMENDMENT AFTER PREVIOUSLY** RATE TIONAL **RATE** TIONAL **EXTRA AMENDMENT** PAID FOR **FEE** FEE Total Minus X\$9=X\$18= OR Independent Minus X40= X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.